Screening for Intimate Partner Violence in a London HIV clinic: characteristics of those screening positive

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Background

- Intimate Partner Violence (IPV) is widespread and more prevalent in the HIV positive population (1). There is little published work concerning IPV in this population in the UK (2).
- Dhairyawan *et al* (3) found a 52% lifetime prevalence of IPV in HIV positive women in a London clinic - 14% reporting IPV in the last year.
- Health Care Workers have been identified as professionals to whom patients might choose to disclose IPV (4).

Methods

- Screening for IPV is recommended in selected health care settings- our hospital has a new post for an Independent Domestic and Sexual Violence Advisor (IDSVA).
- We established screening in an Out Patient HIV clinic and compared those screened with those not, and summarised the characteristics of those reporting current or previous IPV.
- Multidisciplinary staff were trained to ask the following standardised question: **"Have you ever been emotionally or physically hurt by your partner, ex-partner or family member?"** Those who answered positively were assessed for current or past IPV by asking, **"Are you still in contact with this person and are they still causing you and your family issues?"**
- Screening took place while the patient was alone in a private place. Patients were referred to Safeguarding services if necessary and to the IDSVA. If referral to the IDVSA was declined or there was no current risk, leaflets and contact information was given.
- Groups were compared using chi-squared tests or Fisher's Exact test for categorical variables, and using Mann-Whitney U tests for continuous variables as they were not Normally distributed. No formal adjustment for multiple testing was made.

Results (1)

- We report on the demographics of 348-screened patients. Data were collected over 5 months and recorded on a standardised sheet and linked to the HIV database by hospital number and then anonomysed
- 10% (348/3383) of the current clinic population was screened. Those screened had similar demographics and HIV markers to those not screened (see Table 1).
- 103/348,30% of those screened had ever experienced IPV, were more likely to be female (p=0.01) with a trend towards heterosexual risk group (p=0.085) and a detectable viral load (p=0.088).

Results (2)

Table 1: Characteristics, according to whether individual was screened or not and whether individual had ever experienced IPV

	All screened	Positive screen	Negative screen	Not screened	P (Screened vs. not screened)	P (positive screen vs. negative screen)
N	348	103	245	3035	-	-
Male gender	224 (64%)	54 (52%)	170 (69%)	2286 (75%)	<0.0001	0.01
Age (years) Median (range)	47 (16, 77)	46 (25, 77)	47 (16, 77)	46 (17, 86)	0.73	0.79
Ethnicity:						
White	172 (49%)	50 (48%)	122 (50%)	1734 (57%)	0.0227	0.37
Black African	97 (28%)	25 (24%)	72 (29%)	725 (24%)		
Other	79 (23%)	28 (48%)	51 (20%)	576 (19%)		
Risk:						
MSM	157 (45%)	38 (37%)	119 (49%)	1666 (55%)	0.0017	0.085
Heterosexual	154 (44%)	50 (48%)	104 (42%)	1135 (37%)		
Other	37 (11%)	15 (15%)	22 (9%)	234 (8%)		
Time in years since diagnosis Median (range)	11.5 (0.0, 29.5)	11.3 (0.2, 27.7)	11.5 (0.0, 29.5)	11.1 (0.7, 34.3)	0.94	0.77
Ever had AIDS diagnosis	90 (26%)	25 (24%)	65 (26%)	791 (26%)	0.0675	0.66
CD4 nadir (cells/mm^3)	194 (0, 1368)	200 (0, 1368)	188 (1, 783)	199 (0, 1700)	0.83	0.43
CD4 current (cells/mm^3)	568 (9, 1604)	576 (114, 1604)	566 (9, 1501)	606 (1, 2295)	0.11	0.75
VL<50 cps/ml	291/339 (86%)	80/99 (81%)	211/240 (88%)	2593/3021 (86%)	1.00	0.088
Total length of ART, years	9.7 (0.2, 23.9)	9.6 (0.2, 22.3)	10.2 (0.4, 23.9)	9.5 (0.0, 27.5)	0.99	0.68

- 68/348 (20%) had experienced IPV in the past and 35/348 (10%) of those screened were experiencing current IPV or were given contact information for future self referral. Those whom experienced past IPV were offered referral to the Psychology service.
- 14/348 (4%) agreed to be referred to the IVDSA. Ten were women and 7/14 had Black ethnicity. Other variables were similar to the whole population except seven of those referred had detectable viraemia (50% vs. 15%).
- Among the 103 who screened positive as a group there was also a trend towards detectable viraemia (p=0.088)
- There was evidence of differences when comparing men whom screened positive for IPV according to risk group. 224 men who were screened, 54 (24.1%) reported previous or current IPV. When stratifying by risk, 38/119 (24.2%) MSM, 6/44 (13.6%) of heterosexual men, 9/16 (56.3%) of IDU and 1/8 (12.5%) of other risk men reported current/previous IPV (p=0.0326).
- Compared to other specialities in our hospital undertaking screening, IPV was more commonly reported, for example 5.7% in GUM services (5).

Conclusions

- **This pilot suggests the pathway is robust and a variety of staff could be successfully trained.**
- **HIV positive patients experience a high lifetime risk for IPV and warrant further investigation as a high-risk group.**
- **A Clinic setting appears to be an appropriate venue for screening and referral by a variety of Health Care workers using this tool and pathway. More patients should be screened with more detailed data recorded to establish common factors for those at highest risk.**
- **The possible relationship between viral load and current IPV merits further exploration. Detectable viraemia might be a trigger for discussion about IPV in the HIV clinic.**

References

1. Siemieniuk RA, Krentz HB, Gill MJ.Curr Intimate partner violence and HIV: a review. *HIV/AIDS Rep*. 2013 Dec; **10**(4): 380-9.
2. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively NICE guidelines [PH50] Published date: February 2014
3. Dhairyawan R, Tariq S, Scourse R, et al. Intimate partner violence in women living with HIV attending an inner city clinic in the UK: prevalence and associated factors. *HIV Med*. 2013 May; **14**(5): 303-10. Epub 2012 Dec 6.
4. Khalifeh H, Oram S, Trevillion K, et al Recent intimate partner violence among people with chronic mental illness: findings from a national cross-sectional survey. *Br J Psychiatry*. 2015 Sep; **207**(3): 207-12 Epub 2015 Jun 4.
5. Warren-Gash C, Bartley A, Bayley J, et al lOutcomes of domestic violence screening at an acute London trust: are there missed opportunities for intervention? *BMJ Open* 2016; **6:e009069** doi: 10.1136/bmjopen-2015-009069